

ARTICLE 5

SECTION 13

QUALIFIED MEDICARE BENEFICIARIES

1. GENERAL

ACWD 89-80

This program was mandated by the Medicare Catastrophic Coverage Act of 1988 and will be implemented in California, January 1, 1990. The Qualified Medicare Beneficiary (QMB) Program is one of the Medicare Savings Programs. It benefits QMB recipients who will have their Medicare premiums, deductibles and coinsurance fees paid for by Medi-Cal. Recipients will also receive some drug cost sharing benefits. To qualify for this program, beneficiaries must be eligible to Medicare Part A, have income at or below 90% of federal poverty level in 1990 (100% in 1991 and 100% in 1992), have property at or below twice the Medi-Cal property limit and be otherwise eligible for full-scope Medi-Cal.

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2. MEDICARE BENEFIT EXPLANATION

A. Scope of Benefits

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Medicare Part A, hospital insurance, includes inpatient hospital care, medically necessary (not custodial) inpatient care in a skilled nursing facility, home health care, and hospice care.

Medicare Part B, medical insurance, includes doctor's services, outpatient hospital care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies.

B. Deductibles and Coinsurance

Both Part A and B have deductibles and coinsurance depending on the service. A deductible must be paid in advance before Medicare will make any payments. Coinsurance is a percentage (20%) charge to the beneficiary depending on the Medicare approved rate for the particular service.

C. Medicare Enrollment

1) Part A Enrollment

a) Costs

Most Medicare beneficiaries (90%) receive Part A insurance at no cost, i.e., no premium. However, those who have not qualified for free Part A benefits solely because they lack the required amount of SSA covered employment may purchase Part A with a premium. Medi-Cal will pay this monthly Part A premium for QMBs who are not qualified for free Part A benefits.

b) Enrollment Period

If an individual is not already receiving Medicare Part A, application for Part A can only be made:

- (1) During the initial enrollment period which is no earlier than 3 months before age 65 but no later than 3 months after the individual's 65th birthday.
- (2) After 24 months of receiving Title II, disability benefits to be effective in the 25th month.
- (3) The month after an individual stops working if he/she is over 65.
- (4) When receiving dialysis related health care services; or
- (5) During the general enrollment period of January - March, to be effective the following July for those Medicare beneficiaries who do not enroll when they are initially eligible as indicated in (1) through (4) above.

c) Penalties

An individual who does not apply for Part A or Part B at the first opportunity is charged a penalty by the Social Security Administration. Under the QMB program, the state will pay the penalty for a Medicare beneficiary's late enrollment in Part A.

2) Part B Enrollment

a) Costs

The Medicare Part B, medical insurance (outpatient/physician care), can only be received if purchased. In addition, there is a Part B annual deductible (\$75 in 1989) and coinsurance charge based on the fact that Medicare will only pay 80% of the approved Medicare rate.

b) Enrollment Period

- (1) Those not on Medi-Cal Buy-In for Medicare Part B have the same enrollment period as for Part A [see C.1)b), above].
- (2) For QMB-only and those already on Medi-Cal Buy-In, the initial and general periods of enrollment are waived and eligibility will begin at the time of approval.

c) Penalties

There is a penalty for late enrollment in Medicare Part B similar to that of late enrollment for Part A; however, under the Buy-In agreement, the state is not charged a penalty for those Medicare beneficiaries who enroll late in Part B.

3. QUALIFIED MEDICARE BENEFICIARIES

There are two basic groups of QMBs:

- A. Those who receive regular, full-scope Medi-Cal, either as cash grant recipients (such as SSI or AFDC) or medically needy-only beneficiaries, who therefore meet the Medi-Cal property limits and who are determined to meet the (QMB) income requirement. This group is dually eligible (eligible for regular Medi-Cal and QMB benefits).
- B. Those eligible as a QMB-only who do not want regular Medi-Cal or who are not eligible for regular Medi-Cal due to having property above the regular Medi-Cal property limit.

4. FEDERAL FINANCIAL PARTICIPATION (FFP)

FFP will be paid for the MNOs who are also eligible for the QMB program. Thus, it is to the state's advantage to enroll individuals with Part A at no cost as QMBs, if eligible.

Medically Needy applications and redeterminations must be reviewed for QMB eligibility. If no QMB eligibility exists, a review for SLMB and/or QI-1 eligibility must be completed.

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5. BENEFITS TO QMB ELIGIBLES

A. QMB-Only

Most QMB-only applicants receive Medicare Part A at no cost and will be applying for Medi-Cal to pay their Medicare Part B premiums and their Part A and B coinsurance and deductibles. Thus, the QMB benefit for them is an increase in monthly spendable income. Those who pay for Part A (estimated to be a small number) will experience an even larger increase in spendable income.

Those who are eligible as a QMB-only will be reported to MEDS as aid code 80. Their Medi-Cal card will indicate that they are limited to Medicare deductibles and coinsurance benefits.

B. Dual-Eligible Individuals

Dual eligibles are those who receive regular Medi-Cal benefits, including AFDC recipients, and are also eligible as a QMB. Individuals who are receiving regular Medi-Cal, and who also receive Medicare Part A at no cost will have no additional income benefits by becoming a QMB because Medi-Cal already pays their Part B premiums as well as their Part A and B coinsurance and deductibles (Buy-In). As current

Medicare/Medi-Cal crossovers, they already may have access to a wider choice of providers since they are not limited to a Medi-Cal contract hospital, i.e., they can go to a non-contract Medi-Cal hospital. Current Medi-Cal beneficiaries who pay a monthly Part A premium will benefit in increased spendable income from Medi-Cal paying their Part A premiums. (The state will benefit by receiving FFP for these QMBs.)

Those Medi-Cal beneficiaries who do not now have Part A but who will now enroll in Part A as a QMB may have a wider choice of providers since they would not be limited to a Medi-Cal contract hospital, but could use a hospital that accepts Medicare.

For dual eligible cases when there is an existing County case, workers will report QMB eligibility on MN/MI documents but open a separate FBU for QMB/CalWORKs dual eligible. Those with dual eligibility will be reported to MEDS as aid code 80 in addition to their current aid code. They will continue to show their current aid code on MEDS with aid code 80 in one of the special program segments. They will receive Medi-Cal cards with the message or absence of a message normal for their regular Medi-Cal aid code and recipient status.

6. ELIGIBILITY CRITERIA

Eligibility criteria for this program are:

A. Application Processing

1) Non SSI Applicants

A simplified mail-in statement of facts, the MC 14 A (Appendix A), is used for the QMB Program. However, an applicant who completes an MC 210 to apply for Medi-Cal does not have to complete an MC 14 A if it is determined that such an individual should be evaluated for the QMB Program. Answers on the application may be clarified by telephone. The SAWS I and MC 219 are not required. However, the MC 219 must be provided to the applicant. Copies of all required verifications including income and property are acceptable. The MC 13 is required at application for non-citizens. For citizens/nationals, the citizenship/national status declaration may be made on the MC 210 or a sworn statement which contains a declaration of citizen/national status and place of birth. The MC 14 A does not meet this requirement since there are no citizenship questions.

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2) SSI Applicants

SSI recipients applying for QMB are not required to complete an MC 14 A. A face-to-face interview is not required.

B. Property

- 1) QMB property limits are twice that of California's regular Medi-Cal property limit. (See Article 9, Section 1.) Use Form MC 176 P-A and P-C QMB/SLMB/QI for property evaluations (Appendix B1 and B2).

2) Property Limit Met

- a) If the QMB applicant is receiving Medi-Cal from another program (e.g., ABD-MN, SSI, AFDC), the QMB property requirement is met.
- b) If one or both members of a married couple living together are applying for QMB benefits but only one member is receiving Medi-Cal from another program, the QMB property requirement is met for both members of the couple.

3) Two Methods for Dual-Eligibles

If the QMB applicant is not receiving but is also applying for regular Medi-Cal at the same time as the QMB application, there are two methods for determining whether the QMB property requirement is met.

- a) Method I: This method is the regular method of determining Medi-Cal eligibility and follows the normal Medi-Cal rules found in Article 9.

IF INELIGIBILITY RESULTS FROM METHOD I, THEN EVALUATE ELIGIBILITY UNDER METHOD II TO DETERMINE IF WMB PROPERTY ELIGIBILITY CAN BE ESTABLISHED.

- b) Method II: This method is used for QMB only applicants and dual applicants whose property exceeds the normal Medi-Cal property limit.

- (1) Only consider the property of the QMB applicant (and spouse, if any). Do NOT consider the property of any other family members in the home.

- (2) Determine the net nonexempt property in accordance with Article 9.

- (3) Compare the net nonexempt property to twice the Medi-Cal Property limit for one person (or twice the property limit for two persons if the spouse is at home, regardless of whether the spouse is an QMB applicant/beneficiary). (See Chart - Article 9, Section 1, Appendix A).

- (a) If the result is equal to or less than twice the Medi-Cal property limit, then the QMB property requirement is met.

- (b) If the result exceeds twice the Medi-Cal property limit, then the applicant is ineligible for QMB due to excess property.

Note: A QMB applicant who is between 18 and 21 years of age is considered an adult under Method II even though he/she would be treated as a child in determining eligibility for regular Medi-Cal (e.g., is a blind or disabled MN person who is 18 to

21 years of age, living in the home of a parent and currently in school). Therefore, the applicant's property is combined with the parents' property for the Medi-Cal eligibility evaluation (Method I) but is counted separately if Method II is used.

4) QMB-Only

If the QMB applicant is applying as a QMB-only, use QMB property limits to determine eligibility (Article 9, Section 1).

5) QMB-Child(ren)

A QMB child has special methodology for property evaluations. The only people who are eligible as QMB children are dialysis patients under 18 years of age. The Special Programs unit in the Kearny Mesa office will handle these cases and will contact the P.A. for regulations.

C. Income

- 1) Limit: Net non-exempt income which does not exceed 90% of the official federal poverty level beginning January 1, 1990. [This will increase to 95% on 1/1/91 and to 100% on 1/1/92.] (See Article 11, Section 1, Appendix A for current poverty level figures.)

2) Budget Process for Non SSI Recipients

a) Medi-Cal

(1) Use Medi-Cal income methodology except for:

- (a) Deductions for health insurance and Medicare premiums are not allowed.
- (b) Deductions for Impairment Related Work Expenses (IRWE) are allowed. (See Article 10, Section 6, Item 3, M. for details.)
- (c) Use actual income; do not apportion.

- b) SSI Income Methodology (use only for Non SSI Recipients with family members)

If ineligibility results after using Medi-Cal methodology, the net non-exempt income shall be determined following SSI income methodology.

Because SSI income methodology allows for deductions not allowed under Medi-Cal, there may be particular family circumstances where SSI income methodology is less restrictive than Medi-Cal income methodology. SSI

income methodology allows the ineligible spouse of a QMB applicant to reduce his/her gross non-exempt income by:

- (1) Allocating income to ineligible minor child(ren) residing with the applicant, less any income the child(ren) may have. This shall be known as the "Standard QMB Allocation." For QMB determinations, minor children are defined as eighteen years or younger.
- (2) If the remaining income of the ineligible spouse is less than the Standard QMB Allocation amount, the income shall be considered exempt.

- c) Use Form MC 176-1 QMB/SLMB/QI and MC 176-2A or B QMB/SLMB/QI for budgeting. (See Appendices C1 - E4.)

3) Budget Process for SSI/SSP Recipients

A face-to-face interview is not required for SSI/SSP recipients. Since QMB and SSI eligibility requirements are the same except for income and Medicare Part A enrollment, DSS only needs to verify these two eligibility factors.

Income will be verified by the MEDS SDX screen.

If SSI income (which is exempt) is at least the difference between SSI payment level and the current QMB percentage of federal poverty level, then the SSI/SSP recipient is income eligible.

The County will not determine net income of SSI recipients. The County will accept the income determination of SSA. (This is not subject to federal audit.)

For applications of an SSI couple, each individual will be evaluated separately for income eligibility. The net income as determined by SSI will be compared to the QMB limit for one person. Separate FMBUs will be established for each SSI individual.

NOTE: SSI/QMB cases are not subject to IEVS. The IEVS process can be suppressed by a code in the MCG Box. (See IM-EDP)

- D. Eligibility for Medicare Part A with or without a premium. Verification of Part A is required. IEVS or MEDS can be used as verification.
- E. Be otherwise eligible for Medi-Cal, i.e. meet all other Medi-Cal requirements such as California residency and linkage (e.g., aged, blind, disabled).

7. PERIOD OF ELIGIBILITY

A. Beginning Date of Aid

- 1) For Medicare Part A recipients, the effective date of eligibility for QMB benefits is the first day of the month following the date on which the County makes the determination of eligibility.

- 2) For those applicants who are required to enroll in Medicare Part A during the general enrollment period of January through March, July first is the effective date of eligibility for QMB benefits.

B. There is no retroactive QMB eligibility.

C. Redetermination

- 1) For dual eligibles, redetermination of QMB eligibility will be made concurrently with regular Medi-Cal redetermination.
- 2) For QMB only, the period of eligibility will be one year. Form MC 14 A will be used for the mail-in redetermination. Copies of income and property verifications are acceptable.
- 3) During QMB redeterminations for SSI recipients, the worker will verify the beneficiary's income and Medi-Care Part A eligibility by viewing MEDS screens. The verified information will then be narrated in the case file.

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8. REINSTATING ELIGIBILITY DUE TO ADMINISTRATIVE ERROR

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When a QMB case is erroneously discontinued at no fault of the beneficiary, the error is an administrative error and must be corrected. Eligibility must be reinstated for past months when a beneficiary was eligible and should have been covered.

- 1) In order for Medi-Cal to retroactively pay for all premiums in arrears, the worker must reinstate QMB eligibility on the MEDS Special Program Screen, using Aid Code 80, effective the date that the QMB eligibility was erroneously discontinued.
- 2) Once the continuous QMB eligibility reporting has been entered into MEDS, the State's Medicare Buy-In system will process a Medicare Part A Buy-In transaction. This transaction will generate Medicare Part A and B coverage and pay SSA for all past premiums.
- 3) If the Medicare Part A Buy-in transaction does not processed correctly, workers will submit a Medicare Buy-In Problem Report (SHS 6166) to the Department of Health Services, Medicare Buy-In Unit.

CalWIN and MEDS must reflect the same correct information. Failure to do so will result in reconciliation problems. If the QMB program is not properly reflected in CalWIN, it must be added. Add the QMB program into CalWIN with the effective begin date of the month of erroneous discontinuance.

- 4) Add QMB when first in **Application Registration**, or
- 5) Add QMB in **Collect Individual Prior/Current Aid Detail** window.

9. CARD ISSUANCE

See Article 14.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

1. BACKGROUND

The SLMB Program, one of the Medicare Savings Programs, requires states to phase in payment for Medicare Part B premiums for certain specified low-income Medicare beneficiaries beginning January 1, 1993. A SLMB must be entitled to Medicare Part A, have no more than twice Medi-Cal's property limit (\$4,000 for one or \$6,000 for two), have income at or below 110 percent of the federal poverty level (FPL) in 1993 and 1994, rising to 120 percent in 1995, and be a citizen or alien who would be eligible for full benefits if he/she were eligible for a regular Medi-Cal program. The SLMB Program does not pay the Medicare Part A premium or the Part B deductible or copayment.

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2. SCOPE OF BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies.

3. ENROLLMENT

Enrollment may take place at any time. The beneficiary need not enroll during the Initial Enrollment Period or the General Enrollment Period.

4. APPLICATION

A face-to-face interview is not required to apply for the SLMB program. The statement of facts for the SLMB program is the simplified mail-in form MC 14 A. However, the MC 210 may also be used. For a SLMB only application, an applicant who completes the MC 14 A does not have to complete the MC 210. The SAWS I, MC 219 and DHS 6155 are not required. However, the MC 219 must be provided to the applicant. Likewise, an applicant who completes the MC 210 does not have to complete the MC 14 A. An MC 13 is required at application for non-citizens. For citizens/nationals the citizenship/national status declaration can be made on the MC 210 or a sworn statement which contains the statement of citizen/national status and place of birth. The MC 14 A does not meet this requirement as there are no citizenship questions.

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The day the FRC receives the SLMB application, the Intake scheduling person is to assign the Intake to an ET. A mail-in SLMB application is to be treated the same as a face-to-face appointment for the purpose of scheduling Intakes and assigning to ETs. Open pend the application in the assigned ET's worker number the day the SLMB application is received by the FRC.

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Medically Needy applications and redeterminations must be reviewed for SLMB eligibility. The SLMB applicant/beneficiary must be determined ineligible to QMB before SLMB eligibility may be established. If no SLMB eligibility exists, a review for QI-1 eligibility must be completed.

5. RETROACTIVE BENEFITS

Unlike QMB's, SLMBs may have up to three months of retroactive benefits immediately preceding the month of application.

6. AID CODES

The SLMB program is non-MACB. Aid code 8C-0 will be used for SLMB eligibles.

7. MEDI-CAL CARDS

The SLMB Program will not have Medi-Cal cards issued as beneficiaries will not receive any Medi-Cal services other than payment of the Part B Medicare premium.

8. REDETERMINATION

- A. For dual eligibles, redetermination of SLMB eligibility will be made concurrently with the regular Medi-Cal redetermination.
- B. For SLMB only beneficiaries, the period of eligibility will be one year. Form MC 14 A will be used for the mail-in redetermination. Copies of income and property verifications are acceptable.

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QUALIFYING INDIVIDUAL-1 (QI-1) PROGRAM

1. BACKGROUND

The SLMB Qualifying Individual-1 Program is another of the Medicare Savings Programs. It pays the full Medicare Part B premium. Note: The Qualifying Individual-2 (QI-2) was discontinued effective 12/31/02. It reimbursed a portion of Medicare Part B premiums an individual paid in the prior year.

2. APPLICATION

A simplified mail-in statement of facts, the MC 14 A, is used for the QI Program. However, an applicant who completes a MC 210 does not have to complete a MC 14 A if it is determined that such an individual should be evaluated for the QI Program. Nor does an applicant for the QI Program have to complete a MC 210 to apply for QMB if found not eligible to QI. Either form is acceptable as an application for the QI Program. The SAWS 1 and MC 219 are not required. However, the MC 219 must be provided to the applicant. The application date is the earlier date of the following: the date the MC 14 A is stamped received by the county, the SAWS 1 date, or the date the applicant called the county about the QI Program, if known.

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The day the FRC receives the QI application, the Intake scheduling person is to assign the Intake to an ET. A mail-in QI application is to be treated the same as a face-to-face appointment for the purpose of scheduling Intakes and assigning to ETs. Open pend the application in the assigned ET's worker number the day the QI application is received by the FRC.

A face-to-face interview is not required to apply for the QI Program. Answers on the application may be clarified by telephone. Copies of all required verifications, including income, and property when a discrepancy exists, are acceptable. An MC 13 is required at application for non-citizens. For citizens/nationals, the citizenship/national status declaration can be made on the MC 210 or a sworn statement which contains a statement of citizen/national status and place of birth.

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3. ELIGIBILITY REQUIREMENTS

The eligibility requirements and methodologies are the same as for the QMB/SLMB Program only the income standards are different. The person who applies for the QI Program must first be determined ineligible for the QMB or SLMB Programs before being evaluated for the QI Program. Those aliens eligible for emergency and pregnancy related services only are not eligible for the QI Program. A QI Program Checklist (Attachment F) provides ETs with reminders when determining QI eligibility.

A. Income Standards

QI-1: If the otherwise eligible individual's net nonexempt income is at or above 120 percent of the Federal Poverty Level (FPL) but less than 135 percent of the FPL, the individual is eligible under the QI-1 Program (see Article 11, Section 1, Appendix A for current poverty level figures).

Use form MC 176-1 QMB/SLMB/QI-1 and MC 176 QMB/SLMB/QI 2A or 2B for calculating the QI budget. (See Appendices C1 - E4 for instructions on completing these forms.) As with the QMB/SLMB Programs, the SSA COLAs that occur in January of each year are to be ignored and the increases not counted as income until the new (FPLs) come into effect on April 1 of each year. Also, as with QMB/SLMB Programs, health insurance or Medicare premium payments paid by the applicant or beneficiary are not an income deduction.

B. Property Limits

The property limits are the same as the QMB/SLMB Programs. The property limit for a single individual is \$4,000 and for a couple is \$6,000. To determine property eligibility, use Form MC 176 P-A QMB/SLMB/QI for adults or MC 176 P-C QMB/SLMB/QI for children (Appendix B1 and B2).

Do not request verification of property from QI applicants/beneficiaries unless an unresolved discrepancy exists. Request an IEVS report at application and redetermination. Also, review property reported on a previous Medi-Cal statement of facts. If an unresolved discrepancy exists between reported property and property reflected on IEVS or a previous statement of facts, request verification of property. Use an IEVS contact letter when requesting property verification due to an IEVS discrepancy (see Article 4, Section 8.6).

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C. Eligibility/Ineligibility When an Applicant/Beneficiary is Eligible for Medi-Cal With/Without a SOC

Federal law precludes QI eligibility when there is concurrent eligibility under a different Medi-Cal Program without a SOC or the SOC has been met. If there is eligibility under non-QI Medi-Cal Program:

- 1) A QI-1 applicant, eligible to share of cost Medi-Cal, may be eligible to QI-1 if all other QI-1 eligibility factors are met.
- 2) A QI-1 applicant/beneficiary, eligible to zero share of cost Medi-Cal, must be denied/discontinued.

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Medically Needy applications and redeterminations must be reviewed for QI-1 eligibility. The QI-1 applicant/beneficiary must be determined ineligible to QMB/SLMB before QI-1 eligibility may be established.

4. BENEFITS

The QI-1 Program pays the Medicare Part B premiums for eligible individuals.

5. AID CODES

The QI Program, like the SLMB Program, is non-MACB. The following aid code will be used:

8D: QI-1

6. RETROACTIVE BENEFITS

Like the SLMB Program, QI individuals are eligible for three months of retroactive benefits but no earlier than January 1, 1998, the effective date of QI Program. When determining retroactive benefits, the Federal Poverty Level (FPL) limits in effect for that time period must be used. The FPL charts are included in Article II, Section 1, Appendix A.

7. REDETERMINATION

The period of eligibility for QI beneficiaries is one year. An annual redetermination will be completed concurrently with the regular Medi-Cal case if the beneficiary is a QI-1 recipient eligible to share of cost Medi-Cal.

QI only beneficiaries use mail-in form MC 14 A to complete the redetermination process.

QUALIFIED DISABLED AND WORKING INDIVIDUAL (QDWI) PROGRAM

1. BACKGROUND

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The Omnibus Budget Reconciliation Act of 1989 required that the State pay for Medicare Part A premiums for individuals who lost Title II and Medicare benefits due to earned income above the required substantial gainful activity (SGA) limit. Unlike the Qualified Medicare Beneficiary (QMB) Program, Medi-Cal is not required to pay coinsurance and deductibles or the Part B medical insurance premium.

2. ELIGIBILITY REQUIREMENTS

A. Potential eligible QDWI individual:

- 1) Is entitled to enroll in Medicare Part A hospital insurance benefits for the disabled and working (special program 1818A) and who:
 - has not attained age 65;
 - has been entitled to disability insurance benefits under Title II;
 - continues to have a disabling physical or mental condition;
 - lost Title II benefits due to earnings exceeding the SGA limits; and
 - is not otherwise entitled to Medicare.
- 2) Has net nonexempt income at or below 200% of the federal poverty level. Net nonexempt income shall be determined following SSI methodology specified in Section 1612, Title XVI of the federal Social Security Act. Form MC 176 QDWI (Appendix G) is used to determine the income eligibility for A QDWI.
- 3) Has nonexempt property at or below twice that of the Medi-Cal property limit. Only the property of the QDWI and, if married, his/her spouse, if living in the home, shall be considered in determining net nonexempt property. Form MC 176 QDWI-2 (Appendix H) is used to determine the property eligibility for a QDWI.
- 4) Must meet all other non financial requirements that a full Medi-Cal beneficiary meets such as cooperation, state residency, citizenship, etc.

B. Individuals ineligible to QDWI:

- 1) An individual eligible for Medi-Cal benefits is not eligible for the QDWI Program.
- 2) An individual who does not meet the eligibility requirements for full-scope Medi-Cal benefits is not eligible to QDWI. This includes undocumented aliens and certain amnesty aliens who are eligible to receive only restricted (emergency and pregnancy-related) Medi-Cal benefits.

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3. AID CODE

29-0

4. RETROACTIVE BENEFITS

Retroactive QDWI benefits for three months before the month of application is permitted if the individual is entitled to Part A benefits in those retroactive months and is otherwise eligible.

5. SOCIAL SECURITY ADMINISTRATION (SSA) DETERMINATION

SSA notifies individuals on an on-going basis when they become potentially eligible for this program. SSA will determine if an individual meets the eligibility requirements above before referring the individual to apply at the county welfare department.

6. BENEFITS PROVIDED UNDER THE QDWI PROGRAM

Medi-Cal will pay the premium of Medicare Part A for individuals qualified under this program. No Medi-Cal Benefit Identification Card (BIC) will be issued simply because of an individual being eligible for this program. The individual will continue to use his/her Medicare card.

7. PERIOD OF ELIGIBILITY

Period of eligibility for the QDWI Program shall be in accordance with Article 13, Section 1.

**QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB),
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB),
AND QUALIFYING INDIVIDUALS (QI) APPLICATION**

Name		Social security number		Medicare number		Date	
Telephone number ()		Date of birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Address (number, street)				City		State ZIP code	

This information is to help you apply for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual-1 or Qualifying Individual-2 (QI-1 or QI-2) programs. The State will pay Medicare Parts A and B premiums, deductibles, and coinsurance fees for persons eligible for the QMB program. The State will pay Medicare Part B premiums for persons eligible for SLMB or QI-1. Persons eligible for the QI-2 program will be reimbursed a portion of the monthly Part B premiums that they have paid, to be refunded to them in the following year. You may apply for QMB, SLMB, QI-1, or QI-2 by completing and mailing this form to your local county social services agency.

To be eligible for QMB, SLMB, QI-1, or QI-2, you must:

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements:
 - **QMB:** Net countable income at or below 100% of the Federal Poverty Level (FPL) (at or below \$736* for a single person, or \$988* for a couple).
 - **SLMB:** Net countable income below 120% of the FPL (below \$879* for a single person, or \$1,181* for a couple).
 - **QI-1:** Net countable income below 135% of the FPL (below \$987* for a single person, or \$1,327* for a couple).
 - **QI-2:** Net countable income below 175% of the FPL (below \$1,273* for a single person, or \$1,714* for a couple).
- * If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.
- Have no more than \$4,000 in nonexempt property for a single person, or \$6,000 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

IMPORTANT:

You may be eligible for other Medi-Cal programs in addition to the QMB and SLMB programs, such as food stamps and/or Medi-Cal with a monthly spenddown (share-of-cost). You may also be eligible for Medi-Cal with a monthly share-of-cost if you are **over** the income limits of the QMB, SLMB, QI-1, and QI-2 programs. This coverage would include payment of the Medicare Part B premium. If you wish to apply for these other programs, check yes and the county will send you other forms to complete. ☐ Yes ☐ No

Do you wish to apply for three months of retroactive coverage for the SLMB, QI-1, and QI-2 programs (there is no retroactive coverage for QMB). ☐ Yes ☐ No

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

**MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY.
(ADDRESSES ON BACK SIDE OF THIS FORM)**

**Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare
(SLMB)/Qualifying Individual (QI) Counties' List**

ALAMEDA COUNTY (01)
Social Services Agency
QMB/SLMB/QI Program
7751 Edgewater Drive
Oakland, CA 94621
(510) 383-8749
(510) 569-5017 FAX

ALPINE COUNTY (02)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 277
75 Diamond Valley Road
Markleeville, CA 96120
(530) 694-2235

AMADOR COUNTY (03)
Dept. of Social Services
QMB/SLMB/QI Program
1003 Broadway
Jackson, CA 95642
(209) 223-6550
(209) 223-6208 FAX

BUTTE COUNTY (04)
Dept. of Social Welfare
QMB/SLMB/QI Program
42 County Center Dr.
P.O. Box 1649
Oroville, CA 95965
(530) 538-7573

CALAVERAS CO. (05)
Calaveras Works and Human
Services Agency
QMB/SLMB/QI Program
891 Mountain Ranch Road
San Andreas, CA 95249
(209) 754-6444

COLUSA COUNTY (06)
Dept. of Social Welfare
QMB/SLMB/QI Program
251 East Webster St.
P.O. Box 370
Colusa, CA 95932
(530) 458-0264
(530) 458-0492 FAX

CONTRA COSTA (07)
Employment of Human
Services Dept.
QMB/SLMB/QI Program
40 Douglas Dr.
Martinez, CA 94553
(925) 313-1545
(925) 313-1758 FAX

DEL NORTE COUNTY (08)
Dept. of Social Services
SLMB/QI Program
880 Northcrest Dr.
Crescent City, CA 95531
(707) 464-3191
(707) 465-1783 FAX

DEL NORTE COUNTY (08)
Dept. of Social Services
QMB Program
880 Northcrest Dr.
Crescent City, CA 95531
(707) 464-3191
(707) 465-1783 FAX

EL DORADO CO. (09)
Dept. of Social Services
QMB/SLMB/QI Program
3057 Briw Road
Placerville, CA 95667
(530) 642-7351

FRESNO COUNTY (10)
Dept. of Human Services
QMB/SLMB/QI Program
4449 East Kings Canyon
P.O. Box 1912
Fresno, CA 93750
(559) 453-6467

GLENN COUNTY (11)
Human Resources Agency
QMB/SLMB/QI Program
420 East Laurel St.
P.O. Box 611
Willows, CA 95988
(530) 934-6514
(530) 934-6521 FAX

HUMBOLDT COUNTY (12)
Dept. of Social Services
QMB/SLMB/QI Program
929 Koster St.
Eureka, CA 95501
(707) 445-7706

IMPERIAL COUNTY (13)
Dept. of Social Services
QMB/SLMB/QI Program
2995 S. Fourth St. Suite 105
El Centro, CA 92243
(760) 337-7408

INYO COUNTY (14)
Dept. of Social Services
QMB/SLMB/QI Program
162A Grove St.
Bishop, CA 93514
(760) 872-1394

KERN COUNTY (15)
Dept. of Human Services
QMB/SLMB/QI Program
100 East California Ave.
Bakersfield, CA 93302
(661) 631-6245

KINGS COUNTY (16)
Human Services Agency
QMB/SLMB/QI Program
1200 South Dr.
Hanford, CA 93230
(559) 582-3241 Ext. 4793
(559) 585-0346 FAX

LAKE COUNTY (17)
Dept. of Social Services
QMB/SLMB/QI Program
15975 Anderson Ranch
Parkway
P.O. Box 9000
Lower Lake, CA 95457
(707) 995-4200
(707) 995-4204 FAX

LASSEN COUNTY (18)
Dept. of Social Services
QMB/SLMB/QI Program
720 Richmond Road
P.O. Box 1359
Susanville, CA 96130
(530) 257-8311 Ext. 157

LOS ANGELES CO. (19)
Dept. of Social Services
QMB/SLMB/QI Program
17171 East Gale Ave.
City of Industry, CA 91745-1800
(626) 854-4766

A. COUNTABLE INCOME

1. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1/QI-2 applicant:

- a. Social security check \$ _____
- b. VA benefits \$ _____
- c. Interest from bank accounts or certificate(s) of deposit \$ _____
- d. Retirement income \$ _____
- e. Any other unearned income \$ _____
- f. Total UNEARNED INCOME – add lines a. through e. \$ _____

2. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:

- g. Social security check \$ _____
- h. VA benefits \$ _____
- i. Interest from bank accounts or certificate(s) of deposit \$ _____
- j. Any other unearned income \$ _____
- k. Retirement income \$ _____
- l. Total SPOUSE'S UNEARNED INCOME – add lines g. through k. \$ _____

3. Fill in the MONTHLY earned income received by the QMB/SLMB/QI-1/QI-2 applicant and spouse:

- m. Gross earnings for the person who wants to be a QMB, SLMB, QI-1, or QI-2 \$ _____
- n. Gross earnings for the spouse \$ _____
- o. Total – add lines m. and n. \$ _____
- p. Subtract \$65 \$ _____
- q. Remainder \$ _____
- r. Divide by 2 \$ _____
- s. Total EARNED AND UNEARNED INCOME - add lines f., l., and r. \$ _____

COUNTY USE

Applicant's unearned income (line f) \$ _____

Spouse's unearned income (line l) + _____

Any income deduction - _____

Net unearned income _____

Net earned income (line r) + _____

Total net income _____

MFBU size _____

Compare to QMB/SLMB/QI-1/QI-2 income limit.

If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.

4. Potential QMB, SLMB, QI-1, or QI-2 eligibles:

- ☐ You are potentially eligible as a QMB if your income is at or below 100% of the FPL (at \$736* for a single person, or at \$988* for a couple).
- ☐ You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$879* for a single person, or below \$1,181* for a couple).
- ☐ You are potentially eligible as a QI-1 if your income is below 135% of FPL (below \$987* for a single person, or below \$1,327* for a couple).
- ☐ You are potentially eligible as a QI-2 if your income is below 175% of FPL (below \$1,273* for a single person, or below \$1,714* for a couple).

* If you have a child in the home, these amounts may be higher.

**Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare
(SLMB)/Qualifying Individual (QI) Counties' List**

MADERA COUNTY (20)
Dept. of Social Services
QMB/SLMB/QI Program
629 East Yosemite Ave.
P.O. Box 569
Madera, CA 93639
(559) 675-2300
(559) 675-7690 FAX

MARIN COUNTY (21)
Dept. of Health and Human
Services
3501 Civic Center Branch
P.O. Box 4160
San Rafael, CA 94913
(415) 499-7089

MARIPOSA COUNTY (22)
Dept. of Human Services
QMB/SLMB/QI Program
5186 Highway 49 North
P.O. Box 7
Mariposa, CA 95338
(209) 966-3609 Ext. 219

MENDOCINO CO. (23)
Dept. of Social Services
QMB/SLMB/QI Program
747 South State St.
P.O. Box 1060
Ukiah, CA 95482
(707) 463-7828 Ext. 173

MERCED COUNTY (24)
Human Services Agency
SLMB/QI Program
2115 West Wardrobe Ave.
P.O. Box 112
Merced, CA 95341-0112
(209) 385-3000 Ext. 5790
(209) 725-3583 FAX

MODOC COUNTY (25)
Dept. of Social Services
QMB/SLMB/QI Program
120 North Main St.
Alturas, CA 96101
(530) 233-6501

MONO COUNTY (26)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 576
Bridgeport, CA 93517
(619) 932-7291

MONTEREY COUNTY (27)
Dept. of Social Services
QMB/SLMB/QI Program
1000 So. Main St. Ste 208
Salinas, CA 93901
(831) 755-4407/755-4400
(831) 755-8408 FAX

NAPA COUNTY (28)
Dept. of Social Services
QMB/SLMB/QI Program
2261 Elm St.
Napa, CA 94558
(707) 253-4106

NEVADA COUNTY (29)
Dept. of Public Soc. Services
Adult and Family Services
950 Maidu Ave.
P.O. Box 1210
Nevada City, CA 95959
(530) 265-1632
(530) 265-7062 FAX

ORANGE COUNTY (30)
Social Services Agency
QMB/SLMB/QI Program
888 North Main St. #158C
P.O. Box 1772 (92707-1772)
Santa Ana, CA 92701-3518
(714) 541-7750
(714) 245-6188 FAX

PLACER COUNTY (31)
Health and Human Services
QMB/SLMB/QI Program
11519 B Ave.
Auburn, CA 95603
(530) 889-7609
(530) 889-7608

PLUMAS COUNTY (32)
Dept. of Social Services
QMB/SLMB/QI Program
270 County Hospital Rd.
Rm. 207
Quincy, CA 95971
(530) 283-6350

RIVERSIDE COUNTY (33)
Dept. of Public Social
Services
QMB/SLMB/QI Program
1605 Spruce St.
Riverside, CA 92507
(Call Local Department of
Social Services)

SACRAMENTO CO. (34)
Dept. of Human Assistance
QMB/SLMB/QI Program
1725 28th Street
Sacramento, CA 95816
(916) 874-2580
(916) 874-2729

SAN BENITO CO. (35)
Human Services Agency
QMB/SLMB/QI Program
1111 San Felipe Rd. #206
Hollister, CA 95023
(831) 636-4180
(831) 637-9754 FAX

SAN BERNARDINO CO. (36)
Human Services System
Traditional Assist. Dept.
QMB/SLMB/QI Program
150 South Lena Rd.
San Bernardino, CA 92415-
0515
(Call Local Department of Social
Services)

SAN DIEGO COUNTY (37)
Health and Human Services
Agency
QMB/SLMB/QI Program
7947 Mission Center Court
San Diego, CA 92108
(619) 767-5023

SAN FRANCISCO CO. (38)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 7988
San Francisco, CA 94120
(415) 558-1855

B. PROPERTY

A QMB, SLMB, QI-1, or QI-2 who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4,000. A QMB, SLMB, QI-1, or QI-2 who is married and living with his/her spouse must have countable property which is equal to or less than \$6,000.

The following are examples of countable property. **Important:** The home you and/or a spouse live in **does not** count. One car used for transportation **does not** count. If you apply at the county welfare department as a QMB, SLMB, QI-1, or QI-2, the county may treat the property listed on this form differently. There are other types of property which the county welfare department, will also look at, i.e., certificates of deposit. This other property **may** or **may not** count towards the property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- | | |
|--|------------|
| 1. Checking accounts | \$ _____ |
| 2. Savings accounts | \$ _____ |
| 3. Certificate(s) of deposit | \$ _____ |
| 4. Stocks | \$ _____ |
| 5. Bonds | \$ _____ |
| 6. A second car (value minus amount owed) | \$ _____ |
| 7. A second home (value minus amount owed) | \$ _____ |
| 8. The cash surrender value of life insurance policies if the face value of all policies combined exceeds \$1,500
(Do not include "term" insurance policies) | \$ _____ |
| 9. Total PROPERTY – add lines 1 through 8 | **\$ _____ |

COUNTY USE

** This total cannot exceed \$4,000 for a single person or \$6,000 for a couple.

Additional information: You may be eligible for **up to three months of retroactive coverage** of your Medicare Part B premiums under the SLMB and QI programs.

NOTE: Individuals enrolled in traditional Medi-Cal, in addition to the QMB/SLMB/QI programs, may be subject to Estate Recovery. Medi-Cal benefits received by an individual after age 55 may be recoverable by the State. Recovery may be made from the estate or the distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled or blind son or daughter. **Individuals enrolled in only the QMB/SLMB/QI programs, however, are not subject to Estate Recovery.**

I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.

Signature (or mark) of applicant	Date
<div style="text-align: center;">COUNTY USE</div> <div><input type="checkbox"/> QMB approved <input type="checkbox"/> SLMB approved <input type="checkbox"/> QI-1 approved <input type="checkbox"/> QI-2 approved <input type="checkbox"/> QMB/SLMB/QI-1/QI-2 denied</div>	
Eligibility Worker's signature	Date

Privacy Statement

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you to decide if you, or the persons you represent, can get Medi-Cal benefits. You must provide these facts to get all or some of your Medicare Part B premiums paid by Medi-Cal. Failure to provide necessary facts can result in Medi-Cal benefits being denied.

The information will be used:

1. By the county welfare department to establish first-time and ongoing Medi-Cal eligibility.
2. By Electronic Data Systems (EDS) to process claims and make Benefits Identification Cards (BICs) for Medi-Cal benefits.
3. By the United States (U.S.) Department of Health and Human Services to make audit and quality control reviews and verify Medicare Buy-In and social security numbers (SSNs).
4. To verify alien status within the U.S. Immigration and Naturalization Service (INS) only for aliens who claim to be lawfully admitted for permanent residence or permanently residing in the U.S. under color of law (PRUCOL) or amnesty aliens with a valid and current I-688 card. The information the INS receives can only be used to determine Medi-Cal eligibility, and cannot be used for immigration enforcement unless you are committing fraud.
5. By medical services providers and health maintenance organizations to certify eligibility.
6. To identify health insurance coverage and take recovery actions.

The information you provide will be kept confidential. For more information or to access your records, contact your local county Social Services agency or the Social Security Administration.

**Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare
(SLMB)/Qualifying Individual (QI) Counties' List**

SAN JOAQUIN CO. (39)
Human Services Agency
QMB/SLMB/QI Program
333 East Washington
P.O. Box 201056
Stockton, CA 95201-3006
(209) 468-1453

SAN LUIS OBISPO CO. (40)
Dept. of Social Services
QMB/SLMB/QI Program
P.O. Box 8119
San Luis Obispo, CA
93403-8119
(805) 781-1896

SAN MATEO COUNTY (41)
Dept. of Social Services
QMB/SLMB/QI Program
400 Harbor Blvd., Bldg. C
Belmont, CA 94002
(650) 595-7570

SANTA BARBARA CO. (42)
Dept. of Social Services
QMB/SLMB/QI Program
1100 West Laurel Ave.
Lompoc, CA 93436
(805) 737-7056

SANTA CLARA CO. (43)
Social Services Agency
QMB/SLMB/QI Program
1725 Technology Dr.
San Jose, CA 95112-1360
(408) 441-5590 Ext. 3155
(408) 436-5493 FAX

SANTA CRUZ CO. (44)
Human Resources Agency
QMB/SLMB/QI Program
1320 Emeline St.
Santa Cruz, CA 95061
(831) 454-4142

SHASTA COUNTY (45)
Dept. of Social Services
QMB/SLMB/QI Program
2460 Breslauer Wy.
P.O. Box 496005
Redding, CA 96049
(530) 225-5596

SIERRA COUNTY (46)
Human Services
QMB/SLMB/QI Program
202 Front St.
P.O. Box 1019
Loyalton, CA 96118
(530) 993-6720
(530) 993-6741 FAX

SISKIYOU COUNTY (47)
Human Services
QMB/SLMB/QI Program
818 South Main
Yreka, CA 96097
(530) 938-5117
(530) 938-5116 FAX

SOLANO COUNTY (48)
Health and Social Services
Department
QMB/SLMB/QI Program
1745 Enterprise Dr.
Fairfield, CA 94533
(707) 421-7805

SONOMA COUNTY (49)
Human Services Dept.
QMB/SLMB/QI Program
520 Mendocino Ave.
P.O. Box 1539
Santa Rosa, CA 95402
(707) 565-5304

STANISLAUS CO. (50)
Comm. Services Agency
QMB/SLMB/QI Program
251 E. Hackett Road
Modesto, CA 95358
P.O. Box 42
Modesto, CA 95347-5351
(209) 558-2690
(209) 558-2189 FAX

SUTTER COUNTY (51)
Welfare and Social Svcs.
QMB/SLMB/QI Program
190 Garden Highway
P.O. Box 1535
Yuba City, CA 95992-1535
(530) 822-7230 Ext. 218

TEHAMA COUNTY (52)
Dept. of Social Services
QMB/SLMB/QI Program
22840 Antelope Blvd.
P.O. Box 1515
Red Bluff, CA 96080
(530) 528-4095
(530) 527-5410

TRINITY COUNTY (53)
Dept. of Health and Human
Services
QMB/SLMB/QI Program
P.O. Box 1470
Weaverville, CA 96093
(530) 623-1265

TULARE COUNTY (54)
Health and Human Services
QMB/SLMB/QI Program
5957 South Mooney Blvd.
Visalia, CA 93277
(209) 737-4660 Ext. 2106
(209) 737-4694 FAX

TUOLUMNE COUNTY (55)
Dept. of Social Services
QMB/SLMB/QI Program
20075 Cedar Road North
Sonora, CA 95370
(209) 533-5735

VENTURA COUNTY (56)
Dept. of Social Services
QMB/SLMB/QI Program
505 Poli St.
Ventura, CA 93001
(805) 652-7522

YOLO COUNTY (57)
Dept. of Social Services
QMB/SLMB/QI Program
500 A Jefferson Blvd. Ste 100
West Sacramento, CA 95605
(916) 375-6214

YUBA COUNTY
Human Services Agency
QMB/SLMB/QI Program
6000 Lindhurst Ave. #504
P.O. Box 2320
Marysville, CA 95901
(530) 749-6311
(530) 749-6274
(530) 741-6575 FAX

**QUALIFIED MEDICARE BENEFICIARY (QMB)/
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
PROPERTY WORK SHEET
ADULT (18 YEARS OF AGE AND OLDER OR MARRIED)**

Name	Case number	Worker number	Month

STEP I – REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does family qualify under the regular Medi-Cal property rules and property limits?
- ☐ Yes, stop here. QMB/SLMB, QI-1, or QI-2 property requirement met.
- ☐ No, proceed to Step II.

STEP II – QMB/SLMB, QI-1, OR QI-2 METHODOLOGY

- A. Only consider the net nonexempt property of the QMB/SLMB, QI-1, or QI-2 applicant (and spouse); do not consider the property of any other family members in the home.
- B. Net nonexempt property of QMB/SLMB, QI-1, or QI-2 applicant (and spouse) \$ _____
- C. Property limit for one person (or two persons if there is a spouse) \$ _____
- D. Twice the property limit shown on Step II, line C. \$ _____
- E. Is Step II, line B less than or equal to Step II, line D?
- ☐ Yes, QMB/SLMB, QI-1, or QI-2 property requirement met.
- ☐ No, ineligible due to excess property.

**QUALIFIED MEDICARE BENEFICIARY (QMB)/
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI)
PROPERTY WORK SHEET
CHILD**

Name	Case number	Worker number	Month
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STEP I – REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does child qualify under the regular Medi-Cal property rules and property limits?
- ☐ Yes, stop here.
- ☐ No, proceed to Step II.

STEP II – QMB/SLMB/QI (SSI/SSP) METHODOLOGY**A. Parental allocation (includes stepparent)**

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property..... \$ _____
2. Property limit for one person (if two parents, enter property limit for two persons)..... \$ _____
3. Subtract line A2 from line A1 (enter 0 if negative). Total Allocation: \$ _____
4. Divide line A3 by the number of QMB/SLMB/QI children in the home.
QMB/SLMB/QI Child's Share: \$ _____

B. QMB/SLMB/QI resources of child and parent(s)

1. Child's own net nonexempt property (as determined under Article 9) \$ _____
 2. Enter child's share of property from parent(s) (line A4) \$ _____
 3. Add lines B1 and B2 \$ _____
 4. Twice the property limit for one person \$ _____
 5. Is line B3 less than or equal to line B4?
- ☐ Yes, QMB/SLMB/QI property requirement met.
- ☐ No, ineligible due to excess property. If more than one QMB/SLMB/QI child in the home, proceed to Section C.

C. Child in Section B is ineligible and more than one QMB/SLMB/QI child in the home

1. Follow these steps if the child in Section B above is **ineligible** for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the QMB/SLMB/QI child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.
2. Take the amount of property deemed from the parent(s) (Line A3) and redivide it among the remaining number of QMB/SLMB/QI children in the home (Line A4).
3. Repeat Section B for each of the remaining QMB/SLMB/QI children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (Line B3) is within the allowable QMB/SLMB/QI property limit (Line B4).

Eligibility Worker signature	Worker number	Date of computation
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MC 176 P-C QMB/SLMB/QI (1/98)

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
ELIGIBILITY WORK SHEET FOR ALL APPLICANTS:
INDIVIDUAL(S), COUPLE(S), AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)**

Case Name						County district		County use	
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Correction						Effective eligibility date for this budget Month _____ Year _____			
County	Aid	Case Number Seven-Digit Serial Number	MFBU	Person Number	Name First, Middle, Last	Birthdate Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	

I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA)			II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA)			III. QMB/SLMB/QI ELIGIBILITY COMPUTATION		
A. Nonexempt Unearned Income			A. Nonexempt Unearned Income			1. Countable income from Section 1, line 16.		
	(a) QMB/SLMB/QI Applicant	(b) QMB/SLMB/QI Spouse (or) Parent/Ineligible Spouse or Parent(s)	1. RSDI			2. Countable income from Section II, line 9.		
1. RSDI			2. Net income from property			3. Combined countable income		\$
2. Net income from property			3. Other-itemize			4. List current FPL for MFBU of		
3. Other-itemize			4.			a. QMB (100%)		
4.			5. Total unearned income (add 1 through 4)		\$	b. SLMB (120%)		
5. Total (add 1 through 4)	(a)	(b)				If line 3 is less than or equal to line 4(a), QMB <i>eligible</i> . If line 3 is less than line 4(b), SLMB <i>eligible</i> . If line 3 exceeds lines 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete MC 176-2 A QMB/SLMB/QI or MC 176-2 QMB/SLMB/QI. If no ineligible spouse or applicant child, go to step 5.		
6. Combined unearned income (add 5(a) and 5(b))			B. Nonexempt Earned Income			5. List current FPL for MFBU of		
7. Any income deduction		\$ — 20	6. Total net earned income (MC 176 W, Part IV, Line 11)		\$	a. QI-1 (135%)		
8. Countable unearned income (6 minus 7)		\$	C. Total Countable Income			b. QI-2 (175%)		
B. Nonexempt Earned Income			7. Subtotal (add 5 and 6)		\$	If line 3 is less than lines 5(a) or 5(b), QI-1 or QI-2 eligible. If line 3 exceeds lines 5(a) or 5(b), deny QMB, SLMB, QI-1, or QI-2.		
9. Gross earned income	(a)	(b)	8. Child support/alimony paid					
10. Combined earned income (add 9(a) and 9(b))			9. Total countable income (7 minus 8)		\$			
11. Deduct IRWE of potential QMB/SLMB/QI applicant(s) only		—	NOTE: If there is income from which educational expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.					
12. Remainder (subtract 11 from 10)		\$	Total income for educational purpose _____ Less total education expenses _____ Net countable income _____					
13. \$65 Earned income deduction plus \$ _____ unused \$20		—	any of the following deductions apply, complete MC 176 W, part VI, before completing Column 1:					
14. Remainder (subtract 13 from 12)		\$	Educational Expenses Section 50547					
15. Countable earned income (divide 14 by 2)		\$	Absent Parent Support Section 50541					
16. Total countable income (add 8 and 15)		\$	Student Deduction Section 50551					
			\$30 Plus 1/3 Section 50551.1					
			Work Expenses for the Blind Section 50551.4					
			Income for Self-support Section 50551.5					
IV. EXEMPT INCOME								
Note: Do not allow a deduction for health insurance.								
Eligibility Worker signature					Worker number		Computation date	
➤							County use	

MC 176-1 QMB/SLMB/QI(9/99)

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET FOR ALL APPLICANTS:
INDIVIDUAL(S); COUPLE(S); AND CHILDREN (LTC INDIVIDUAL IN OWN MFBU)
INSTRUCTIONS, MC 176-1 QMB/SLMB/QI

Form MC 176-1 QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income for all individuals who are applying under the QMB/SLMB/QI program. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income, or correction in the income.

Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The "new application" box includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI applicant and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, the seven-digit number, MFBU number, and the person's number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under the case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birth date: Enter the birth date of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other coverage code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s) and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A of the MC 176 W instead of Section I, lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

MC176-1 QMB/SLMB/QI (1/98)

Page 1 of 3

1. Enter: Social Security income.

2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients' available income (from the MC 176 W, Part II), and income allocated from the Pickle-eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the QMB/SLMB/QI spouse; ineligible spouse; or parent of the QMB/SLMB/QI child applicant of the MFBU.
6. Add lines 5(a) and (b), or enter the amount from MC 176 W, Section VI, Part A. This is the combined unearned income of the QMB/SLMB/QI ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB/QI child applicant who is a member of the MFBU.
7. No entry. This shows the \$20 any income deduction.
8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the \$20 any income deduction in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B of the MC 176 W instead of line 9:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

9. Enter the gross earned income.
10. Add the amounts in lines 9(a) and (b) or enter the amount from Section VI, Part B, line 4 of the MC 176 W. This is the combined earned income of the QMB/SLMB/QI applicant(s), QMB/SLMB/QI spouse or parent(s) of the MFBU.
11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB/QI applicant(s).
12. Subtract number 11 (IRWE expenses) from number 10.
13. Enter the \$65 or the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction here.
14. Subtract line 13 from line 12. If line 14 is less than line 10, enter zero.
15. Divide line 14 by 2. This figure equals the countable earned income.
16. Total Part A, line 8 and Part B, line 15, to obtain the total unearned and earned income. Enter this amount in Section III, line 1.

SECTION II. INCOME OF MFBU MEMBER (BOTH ELIGIBLE AND INELIGIBLE MEMBERS) NOT LISTED IN COLUMN I

NOTE: The ownership of income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

1. Enter: Social Security income.
2. Net income received from property.

MC176-1 QMB/SLMB/QI (1/98)

Page 2 of 3

- 3-4. All other unearned income. Include SSI/SSP/IHSS recipient's available income (from MC 176 W, Section II and Section V), Part B, and income allocated from a Pickle-eligible spouse or parent.

5. Total lines 1 through 4.

B. Nonexempt Earned Income

6. Enter the amount from the MC 176 W, Part IV, line 11.

C. Total Countable Income

7. Add lines 5(a) and 6(b).

8. Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.

9. Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

SECTION III. QMB/SLMB/QI ELIGIBILITY COMPUTATION

1. Enter: Total countable income from Section I, line 16.

2. Enter: Total countable income from Section II, line 9.

3. Add lines 1 and 2 (rounded). This is the combined countable income of the MFBU.

4. List the current federal poverty level (FPL) for an MFBU of _____: (a) at 100 percent or (b) SLMB at 120 percent. If line 3 is less than or equal to line 4(a), QMB *eligible*. If line 3 is less than line 4(b), SLMB *eligible*. If line 3 exceeds line 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete the MC 176-2 A QMB/SLMB/QI or MC 176-2 B QMB/SLMB/QI. If there is no ineligible spouse or applicant child, go to step 5.

5. List the current FPL for MFBU of _____: (a) QI-1 at 135 percent, or (b) QI-2 at 175 percent of the FPL. If line 3 is less than line 5(a) or 5(b), QI-1 or QI-2 *eligible*. If line 3 exceeds line 5(a) or 5(b), *deny* QMB, SLMB, QI-1, or QI-2.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional -- to be used in accordance with county policy.

Case name						County district		County use	
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in income <input type="checkbox"/> Correction in circumstances						Effective eligibility date for this budget Month _____ Year _____			
Case Number					Name First, Middle, Last	Birthdate Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
County	Aid	Seven-Digit Serial Number	MFBU	Person Number					
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
I. INCOME OF POTENTIAL QMB/SLMB/QI INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED; AND INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN)						II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB/QI CHILD(REN), PA OR OTHER PA.			
A. NONEXEMPT INCOME		(a) QMB/SLMB/QI Applicant	(b) Eligible or Ineligible Spouse			Child Number One	Child Number Two	Child Number Three	Child Number Four
1. RSDI				1. Name _____					
2. Net income from property				2. Standard SSI allocation _____					
3. Other-itemize				3. Subtract ineligible minor child(ren) income (gross). Evaluate for student deduction _____					
4.				4. Allocation to ineligible child (2 minus 3) _____		(a)	(b)	(c)	(d)
5. Total (add 1 through 4)		(a)	(b)	5. Total allocation to ineligible children (add 4(a), (b), (c), and (d)) _____					
6. ineligible spouse (Section II, line 5)			(b) —	Enter the amount from Section II, line 5, to Section I, Part A, line 6(b), only if the remaining income of the ineligible spouse exceeds the standard SSI allocation amount. Use Section III to make this determination.					
7. Remainder (line 5b minus 6b)			(b) (1)	III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY.)					
8. Combine unearned income (add 5(a) and 7(b)(2))			(b) (2)	1. Total unearned income (gross) (Section I, line 5(b)) _____					
9. Any income deduction		\$ — 20		2. Total earned income (gross) (Section I, line 11(b)) _____					
10. Countable unearned income (8 minus 9)		\$		3. Total (add lines 1 and 2) _____ \$					
B. NONEXEMPT EARNED INCOME				4. Allocation to children (Section II, line 5) _____ \$					
11. Gross earned income		(a)	(b)	5. Remainder (subtract 4 from 3) _____ \$					
12. Unused portion of allocation to ineligible children			(b)	(If line 5 is less than the current standard SSI allocation amount, this income is exempt; do not complete Section I, Part A, column (b) or Section I, Part B, column (b).)					
13. Remainder (11(b) minus 12(b))			(b)	IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION					
14. Combined earned income (11(a) plus 13(b))		\$		1. Total countable income (Section I, Part B, line 20, rounded) _____ \$					
15. Deduct IRWE of potential QMB/SLMB/QI applicant(s) only		—		2. List current poverty level for MFBU of _____ a. QMB (100%) _____ b. SLMB (120%) _____ \$					
16. Remainder (subtract 15 from 14)		\$		(If line 1 is less than or equal to line 2a, individual or couple QMB eligible . If line 1 is less than line 2b, individual or couple SLMB eligible. If line 1 exceeds line 2a or 2b, go to step 3.)					
17. \$65 earned income deduction plus \$ _____ of unused \$20		—		3. List current poverty level for MFBU of _____ a. QI-1 (135%) _____ b. QI-2 (175%) _____ \$					
18. Remainder (17 minus 16)		\$		(If line 1 is less than line 3(a) or 3(b), individual or couple QI-1 or QI-2 eligible . If line 1 exceeds line 3(a) or 3(b), deny QMB, SLMB, QI-1, or QI-2 as long as the MC 176-1 QMB/SLMB/QI form has been completed.)					
19. Countable earned income (divide 18 by 2)		\$		NOTE: IF THE INCOME OF THE SPOUSE IS USED, USE THE CURRENT POVERTY LEVEL FOR TWO. IF ONLY THE INCOME OF THE APPLICANT IS USED, USE THE CURRENT POVERTY LEVEL FOR ONE.					
20. Total countable income (add 10 plus 19) (Enter this amount on Section IV, line 1)		\$							
Eligibility Worker signature				Worker number		Computation date		County use	

MPG Letter #432

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET
COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)
INSTRUCTIONS, MC 176-2 A QMB/SLMB/QI

Form MC 176-2 A QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology which are less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, application, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 A QMB/SLMB/QI to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case Number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI applicant and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, and seven-digit serial number; enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under the case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s); and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients' available income and income allocated from a Pickle-eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB/QI members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5, onto line 6(b). NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6(b) from line 5(b) and enter this amount on line 7(b)(1). If line 7(b)(1) is a minus figure, enter the minus amount on line 12(b) and enter zero on line 7(b)(2). Otherwise, enter the amount from line 7(b)(1) onto line 7(b)(2).
8. This is the combined unearned income of the ABD member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member). (Add line 7(b)(2) and line 5(a).)
9. No entry. This shows the \$20 any income deduction.
10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 17.

B. Nonexempt Earned Income

11. Enter the gross earned income.
12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (any minus amount on line 7(b)(1)). Otherwise, enter zero in Section I, Part B, line 12(b).
13. Subtract line 12(b) from line 11(b). Enter the remainder on line 13(b). Exception: enter zero on line 13(b) if line 12(b) is greater or equal to line 11(b).
14. Add lines 11(a) and 13(b). This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.
15. Deduct any impairment related work expenses the potential QMB/SLMB/QI applicant(s) may have.
16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: enter zero on line 16 if line 15 is greater or equal to line 14.
17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater or equal to line 16, enter zero.
19. Divide line 18 by 2. This figure equals the countable earned income.

20. Add lines 10 and 19. This is the total countable income of the ABD applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on Section I, Part B, line 20 and on Section IV, line 1.

SECTION II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE (DO NOT ALLOCATE FROM QMB/SLMB/QI APPLICANT(S). DO NOT INCLUDE A QMB/SLMB/QI CHILD(REN), PA OR OTHER PA

1. Enter: Name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA or other PA.
2. Standard SSI allocation: Enter current year's allocation amount for each child (see QMB/SLMB/QI poverty level chart). If no child(ren), enter zero on line 5, and Section I, Part A, line 6(b).
3. Income for the ineligible minor child(ren): Enter the income amount for each child, excluding up to \$400 per month or \$1620 per year if student income.
4. Subtract line 3 from line 2 and enter on line 4.
5. Total all columns on line 4. Complete Section III to determine whether this figure is to be entered in Section I, Part A, line 6(b). If Section III, line 5 is less than the current SSI allocation, stop and do not complete Section I(b).

SECTION III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from Section I, line 5(b).
2. Gross Earned Income: Enter the gross earned income of the spouse from Section I, Part B, line 11(b).
3. Total lines 1 and 2 for combined income of spouse.
4. Allocation to child(ren): Enter the figure from Section II, line 5.
5. Remainder: Subtract line 4 from line 3. If line 5 is less than the current SSI allocation amount, this income is exempt. Do not complete Section I(b). Do not enter the total allocation to ineligible children from Section II, line 5 to Section I, Part A, line 6(b).

SECTION IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION

1. Total Countable Income: This is the total countable income entered on Section I, Part B, line 20. This figure was obtained by adding Section I, Part A, line 10 and Section I, Part B, line 19.
2. List the current poverty level for an MFBU of ____: a. QMB (100%) or b. SLMB (120%). If line 1 is less than or equal to line 2(a), QMB *eligible*. If line 1 is less than line 2(b), individual or couple, SLMB *eligible*. If line 1 exceeds line 2(a) or 2(b), go to step 3.
3. List the current poverty level for MFBU of ____: (a) QI-1 (135%) or (b) QI-2 (175%). If line 1 is less than line 3(a) or 3(b), QI-1 or QI-2 *eligible*. If line 1 exceeds line 3(a) or 3(b), *deny* QMB, SLMB, QI-1, or QI-2.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional -- to be used in accordance with county policy.

[illegible]

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET
CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
DO NOT INCLUDE QMB/SLMB/QI PARENTS, PA, OR OTHER PA

INSTRUCTIONS, MC 176-2 B QMB/SLMB/QI

Form MC 176-2 B QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology for QMB/SLMB/QI income criteria which is less restrictive than Medi-Cal methodology) for allocating income from an ineligible parent(s) for a child who is applying under the QMB/SLMB/QI program. This form is used if the child does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 B QMB/SLMB/QI to determine if the child is found to be eligible using Medi-Cal rules.

Identification Section

1. Enter: Case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case number: For a QMB/SLMB/QI child who is applying as blind or disabled (BD) medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the person number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any BD person or spouse of a BD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birth date: Enter the birth date of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other coverage code: Determine the other coverage code in accordance with Section 15, Part A. of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Parent(s) or Stepparent(s) Income of Potential QMB/SLMB/QI Child Applying as Blind or Disabled (BD)

In this section, enter all the nonexempt unearned and earned income of the ineligible parent(s) of the child who is applying as a BD MN under the QMB/SLMB/QI program. NOTE: "Ineligible parent(s)" refers to the parent(s) of the child who is applying under the QMB/SLMB/QI program. Do not include a parent(s) who is eligible as a QMB/SLMB/QI, PA, or other PA. Only include the income of an ineligible parent(s).

NOTE: The ownership of the income determination required by Section 50512 should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A of the MC 176 W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. Enter the amount of all other unearned income.
5. Total the amounts in Section I, Part A, lines 1 through 4. This is the total unearned income of the ineligible parent(s) of the potential QMB/SLMB/QI child.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5, onto line 6(b).
7. Subtract line 6 from line 5 or enter the amount from MC 176 W, Section VI, Part A, on 7(a). If this is a minus amount, enter zero on line 7(b) and the minus amount on Section I, Part B, line 11. Otherwise, enter the amount from line 7(a) onto line 7(b).
8. No entry. This shows the \$20 any income deduction.
9. Subtract line 8 from line 7(b). This is the countable unearned income. If the countable unearned income is a minus figure, enter zero on line 16 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 12.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B, of the MC 176 W, instead of line 11:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

10. Enter the gross earned income.
11. Enter the unused amount of any allocation for ineligible minor child(ren) that was not offset by countable unearned income (Section I, Part A, line 6). NOTE: If there is no income remaining, either unearned or earned, do not allocate to the QMB/SLMB/QI child(ren). Enter zero in Section III, line 1. If there is income, proceed with line 12.
12. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
13. Subtract lines 11 and 12 from line 10 to obtain the remaining earned income of the ineligible parent(s). Enter zero if the remainder is a negative amount.
14. Divide by 2.
15. Subtract line 14 from line 13 to obtain the remaining countable earned income of the ineligible parent(s).
16. Enter countable unearned income from line 9.

17. Add lines 15 and 16. This figure equals the countable income.
18. Enter the parent(s) deduction. Use the parent deduction of a QMB/SLMB/QI child(ren) for an individual, if an ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB/QI child(ren) for a couple if both ineligible parents live with the potential QMB/SLMB/QI child.
19. Subtract line 16 from line 17 and enter this figure on Section III, line 1. This is the allocation from the ineligible parent(s) to the potential QMB/SLMB/QI applicant.

Section II. Allocation to Minor Child(ren) from the Ineligible Parent or Stepparent

1. Enter the name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA, or other PA.
2. Enter the standard QMB/SLMB/QI allocation for each child. If no child(ren), enter zero on line 5 of this section.
3. Enter any income for each minor child(ren), excluding up to \$400 per month and up to \$1,620 per year if student earned income.
4. Subtract line 3 from line 2.
5. Total all columns on line 4 and enter the total allocation. This figure is also to be entered in Section I, Part A, line 6.

Section III. QMB/SLMB/QI Child Computation

1. Enter the parent(s) allocation from Section I, Part B, line 19.
2. Enter the potential QMB/SLMB/QI child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB/QI child may have.
4. Total lines 1 through 3.
5. No entry. This shows the \$20 any income deduction.
6. Subtract line 5 from line 4. This is the total remaining countable unearned income.
7. Enter the potential QMB/SLMB/QI child's countable earned income or amount from Section VI, Part B, line 4, of the MC 176 W. If appropriate, allow the student deduction.
8. Deduct any impairment related work expenses the potential QMB/SLMB/QI child may have.
9. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
10. Subtract lines 8 and 9 from line 7 to obtain the remaining earned income of the potential QMB/SLMB/QI child(ren).
11. Divide the amount on line 10 by 2 to obtain the total countable earned income of the potential QMB/SLMB/QI child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB/SLMB/QI child(ren).
13. Enter the current QMB/SLMB/QI poverty level for one. If line 12 is less than or equal to line 13(a), the child is eligible for QMB. If line 12 is less than line 13(b), (c), or (d), the child is eligible for SLMB or QI-1 or QI-2. If line 12 exceeds line 13(a), (b), (c), or (d), deny QMB/SLMB/QI-1/QI-2 only if Section III, item 5 of the MC 176-1 QMB/SLMB/QI form has been completed.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional -- to be used in accordance with county policy.

QI PROGRAMS CHECKLIST

1. The MC 14 A, which was initially designed as a mail-in application for the QI and SLMB Programs, is now to be used for mail-in QMB evaluations also. **The income levels found on the MC 14 A are the federal poverty level figures plus the \$20 ABD deduction.** Staff must ensure that the most current poverty level figures are used. The poverty level figures change in April and if the MC 14 A does not reflect the current figures, staff must manually change them until the form is updated. If an individual completes a MC 210, a MC 14 A is not necessary.
2. The application date is the earlier of the date the county receives a MC 14 A, the SAWS1 date, or the date an individual contacts the county about the QI Program, if known. Counties are to mail a QI packet, which includes the SAWS1, MC 219, MC 13 and MC 14 A, to those who want to apply for the QI Program. The same packet will be used for QMB/SLMB applicants. If an applicant is applying for Medi-Cal, a separate QI packet is not required.
3. QI applicants, just like SLMB applicants, are entitled to three-month retroactive benefits if otherwise eligible. QI eligibility cannot be determined earlier than January 1, 1998.
4. Usual income verification procedures are to be followed. Applicants/beneficiaries may provide photocopies of verifications and telephone interviews may be used in place of face-to-face interviews. As with QMB and SLMB, health insurance or Medicare premium payments are not an income deduction.
5. Verification of property is not to be requested from QI applicants/beneficiaries unless unresolved discrepancies exist between reported property and property reflected on IEVS or a previous statement of facts. (Property verification is still required for QMB/SLMB.)
6. QI eligibility determination follows the QMB/SLMB methodologies. Applicants and beneficiaries must meet the usual nonfinancial requirements such as California residency and eligibility for Medicare.
7. QI applicants must first be evaluated for the QMB or SLMB Programs.
8. Eligible QI-1 individuals will have aid code 8D. Aid code 8D includes QI-1 only or dually eligible QI-1s who have a SOC under other Medi-Cal programs.
9. Eligible QI-2 individuals will have aid code 8K. A QI-2 individual may not be enrolled in any other Medi-Cal program. A QI-2 is reimbursed for a portion of the Medicare Part B premiums he/she paid.
10. QI eligibles must be redetermined annually and may use the MC 14 A instead of the MC 210/SAWS 2.
11. Review Medically Needy cases at initial application and at redetermination for eligibility to QI-1, if the applicant/beneficiary has a share of cost. (Medically Needy cases should be reviewed for QMB/SLMB with or without a share of cost.)

QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI) INCOME ELIGIBILITY WORK SHEET **COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)**

Case Name						County District		County Use	
<input type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in Income <input type="checkbox"/> Change in Circumstances						Effective Eligibility Date for this Budget Month: _____ Year: _____			
State Number					Name – First, Middle, Last	Birthdate Mo. Day Year	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Coverage
Co.	Aid	7-digit Serial No.	MFBU	Pers. No.					
								(1)..... (2).....	
								(1)..... (2).....	
								(1)..... (2).....	
								(1)..... (2).....	
								(1)..... (2).....	
								(1)..... (2).....	
								(1)..... (2).....	
								(1)..... (2).....	
								(1)..... (2).....	

I. INCOME OF POTENTIAL QDWI INDIVIDUAL: COUPLE APPLYING AS BLIND OR DISABLED AND INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN) A. Nonexempt Unearned Income				II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QDWI CHILD(REN), PA OR OTHER PA.				
		a. QDWI Applicant	b. Eligible or Ineligible Spouse		Child # 1	Child # 2	Child # 3	Child # 4
1. RSDI	a.	b.	1. Name	a.	b.	c.	d.	
2. Net Income from property			2. Standard QDWI Allocation					
3. Other-itemize			3. Ineligible minor child(ren) income (gross)					
4.			4. Remaining allocation (line 2 minus line 3)	a.	b.	c.	d.	
5. Total (Add lines 1-4)	a.	b.	5. Total allocation (Add lines 4a, b, c, and d)	\$				
6. Allocation to ineligible children (section II, line 5)		b.	Enter the amount on line 5, Section II on line 6b, Section I.A only if the remaining income of the ineligible spouse exceeds the standard QDWI allocation amount. Use Section III to make this determination.					
7. Remainder (line 5b minus 6b)								
8. Combine Unearned Income (Add lines 5a and 7b)	\$							
9. Any income deduction	— \$20		III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (This section used for evaluation purposes only.)					
10. Countable Unearned Income (line 8 minus line 9)	\$							
B. Nonexempt Earned Income			1. Total Unearned Income (gross) (line 5b, section I)		\$			
11. Gross Earned Income	a.	b.	2. Total Earned Income (gross) (line 11b, section I.B)					
12. Unused portion of allocation to ineligible children		b.	3. Total (Add lines 1 and 2)					
13. Remainder (11b minus 12b)		b.	4. Allocation to children (line 5, section II)					
14. Combined Earned Income (11a plus 13b)	\$		5. Remainder (Subtract line 4 from line 3)		\$			
15. Deduct IRWE of potential QDWI applicant(s) only	—		(If line 5 is less than the current Standard QDWI amount, this income is exempt. Do not complete line I.b.)					
16. Remainder (subtract line 15 from line 14)	\$							
17. \$65 Earned Income deduction plus \$ _____ of unused \$20	—		IV. QDWI-ELIGIBILITY DETERMINATION					
18. Remainder (line 17 minus line 16)	\$							
19. Countable Earned Income (Divide line 18 by 2)	\$		1. Total countable income (line 20, section I.B. rounded)			\$		
20. Total Countable Income (Add line 10 plus line 19)	\$		2. Current poverty level for (If line 1 is less than 2, individual or couple QDWI eligible.)			\$		
(Enter this amount on line 1, section IV.)			NOTE: If the income of the spouse is used, use the current poverty level for two. If the income of the applicant is used, use the current poverty level for one.					

Eligibility Worker Signature		Worker Number	Computation Date	County Use
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MC 176 QDWI (9/90)

INSTRUCTIONS
QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI)
INCOME ELIGIBILITY WORK SHEET
[Couple or Applicant with an Ineligible Spouse,
With or Without a Child(ren)]

Form MC 176 QDWI, Income Eligibility Work Sheet, is used to compute the income for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren). This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

INSTRUCTIONS FOR COMPLETION: Identification Section

1. Enter case name.
2. County District. If the county has districts, identify the district.
3. County Use. Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box, New Application, includes restorations and reapplications.
5. Effective Eligibility Date for this Budget. Enter the month in which eligibility will begin with this budget computation.
6. State Number. For family members who are applying as a blind or disabled medically needy (MN) QDWI applicant, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven-digit number, MFBU number, and the person's number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following: **DO NOT INCLUDE RECIPIENTS OF PA IN MFBU.**

Four month or nine-month continuing: Family members eligible for four-month or nine-month continuing eligibility are considered as ineligible members of the MFBU.

Excluded: For children with income or property of their own who are excluded from the MFBU.

I.E. (or county-designated I.E. aid code): For members of the family unit who are not applying for QDWI benefits.

S/P: For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.

Pickle Eligible Member: For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the **Lynch v. Rank** decision.

ABD/LTC or ABD/B&C: For an ABD person or the spouse of an ABD person who is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.

7. Name: Enter the names of all family members living in the home in accordance with California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birthdate: Enter the birthdate for each person listed. Under sex, enter "M" for male and "F" for female for each person listed.

9. Social Security Number: Enter the Social Security number for each person applying as a QDWI. If a person does not have a Social Security number, he/she is not eligible as a QDWI. Enter the Medicare or Railroad Retirement claim number, if any. See QDWI, CCR Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I – Income of Potential QDWI Composition

In this section enter all the nonexempt unearned and earned income of the QDWI applicant(s); and ineligible spouse, if one, who is applying as a blind or disabled individual in section I.a and I.b, providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with Section 10 (Income) of the Pickle Handbook.

A. Nonexempt Unearned Income

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipients' available income; and income allocated from a Pickle eligible spouse.
5. Total the amounts in section I.A, lines 1.a through 4.a. This is the total unearned income of the QDWI applicant of the MFBU. Also, total the amounts in Section I.A, lines 1.b through 4.b. This is the total unearned income of the eligible or ineligible spouse of the QDWI members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5 onto line 6.b. NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6.b from line 5.b and enter this amount on line 7.b.
8. This is the combined unearned income of the blind or disabled member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member).
9. No entry. This shows the \$20 any income deduction.
10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 17.

B. Nonexempt Earned Income

11. Enter the gross earned income.
12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (I.A.6.b). If line I.A.7.b is equal to or less than I.A.6.b, enter zero in line I.B.12.b.
13. Subtract line 12.b from 11.b and enter the total on line 13.b. NOTE: If line 7.b is less than the QDWI standard (see the poverty level chart), do not count the ineligible spouse's income and use the poverty level for one. If line 7.b exceeds the QDWI standard, combine the ineligible spouse's income with the applicant's income and use the poverty level for two.
14. Add lines 11.a and 13.b. This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.
15. Deduct any impairment related work expenses the potential QDWI applicant(s) may have.

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16. Subtract line 15 from line 14 and enter this amount in line 16.
17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
18. Subtract line 17 from line 16 and enter the difference.
19. Divide line 18 by two. This figure equals the countable earned income.
20. Add lines 10 and 19. This is the total countable income of the blind or disabled applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on line 20, and on line 1 of section IV.

Section II – Allocation to Minor Child(ren) from the Ineligible Spouse

[Do not allocate from a QDWI applicant(s). Do not include a QDWI child(ren), PA or other PA.]

1. Enter name(s) of ineligible child(ren). Do not include QDWI child(ren), PA, or other PA.
2. Standard QDWI allocation: Enter current year's allocation amount for each child (see QDWI poverty level chart). If no child(ren), enter zero on line 5, and on line I.A.6.b.).
3. Income for the ineligible minor child(ren): Enter the income amount for each child, excluding up to \$400 per month or \$1,620 per year if student income.
4. Subtract line 3 from line 2 and enter on line 4.
5. Total all columns on line 4 and enter the remaining allocation. (This figure is to be entered on line I.A.6.b.)

Section III – Ineligible Spouse Income Exemption Determination

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from line I.A.5.b.
2. Gross Earned Income: Enter the gross earned income of the spouse from line I.B.11.b.
3. Total lines 1 and 2 for combined unearned income of spouse.
4. Allocation to minor child(ren): Enter the figure from line II.5.
5. Remainder: Subtract line 4 from line 3. If line III.5 is less than the current standard QDWI allocation amount, this income is exempt. Do not complete line I.b.

Section IV – QDWI Eligibility Determination

1. Total Countable Income: This is the total countable income entered on line 20.B.I. This figure was obtained by adding lines I.A.10. and I.B.19.
2. Enter the appropriate current poverty level for either: (a) one, if the income of the ineligible spouse is not combined with the applicant's income; or (b) two, if the ineligible spouse's income is combined with the applicant's income. If line IV.1 is less than line IV.2, the individual or couple is eligible under the QDWI program.

Eligibility Worker Signature: The worker enters his/her signature.

Worker Number: If the Eligibility Worker has a county number, enter here.

Date of Computation: The eligibility worker completes the box with the date the form was completed.

County Use: To be used in accordance with county policy.

MC 176 QDWI (9/90)

**QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI)
PROPERTY WORKSHEET****ADULT****(18 YEARS OF AGE AND OLDER OR MARRIED)**

Name: _____

Case Number: _____

Month: _____

QDWI Methodology

1. Only consider the net nonexempt property of the QDWI applicant (and spouse); do not consider the property of any other family members in the home.
2. Net nonexempt property of QDWI applicant (and spouse). \$ _____
3. Property limit for one person (or two persons if there is a spouse). \$ _____
4. Twice the property limit shown on line 3. \$ _____
5. Is line 2 less than or equal to line 4?
☐ Yes, QDWI property requirement met.
☐ No, ineligible due to excess property.

Eligibility Worker Signature: _____

Worker Number: _____

MC 176 QDWI-2 (10/90)